RELEASE AND SATISFACTION OF RECORDED CLAIM OF LIEN



THIS INSTRUMENT PREPARED BY:

| STATE OF |) | | | |
|---|--|---|---|-----------------------|
| COUNTY OF | SS:) | | | |
| the day of | having filed a Claim of Lier , , in Official Reco County, State of Florida, | rd Book , at Page | , in the Office of the | on Clerk of |
| having received full paym | | Claim of Lien and does di | , does hereby acknorect the Clerk of the Circuit of the Florida Statutes. | |
| Signed, sealed, and delive | red this day of | , 199 | | |
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| aforesaid to take acknow has produced as identific he/she hereby executed | ledgments, personally app ation and did take an oath, the foregoing instrument | eared , to me know and who says that he/sh and he/she acknowledge | ed before me that he/she ex | ed in, or and that |
| | alf of . and at its spe | • | | |
| WITNESS my hand ar A.D. | | County and State last | aforesaid this | day of |
| My Commission Expires: | NOTARY PUBLIC | STATE OF FLORIDA AT LA | ARGE | |
| | (Typed c | or Printed Name of Notary | / Public) | |